

**Acknowledgement Of Voluntary
Completion of Screening Instruments**

I, _____, a youth born (month, day, year) _____, do hereby acknowledge that my participation by completing the _____ screening instrument is voluntary. By volunteering to complete the screening instrument I understand the results will be used to determine any services I may be in need of, and will not be used for any Court proceedings against me.

Youth Signature – Date

I, _____, a juvenile intake and assessment worker do hereby acknowledge that I have explained the screening instrument and afforded the juvenile an opportunity to ask any questions regarding the screen instrument and/or process.

Intake and Assessment Worker Signature – Date